REPORT TO: Health and Wellbeing Board

DATE: 7 May 2014

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Health Protection and Public Health Governance Functions

WARDS: All

1.0 PURPOSE OF REPORT

1.1 To inform the HWB of the role of the Director of Public health in providing oversight of local Health protection arrangements, and the development of the health protection forum to support this.

1.2 To inform the HWB of the systematic approach to public health governance.

2.0 RECOMMENDATION: That

1) **the contents of the report be noted;**

2) **the development of a health protection forum be supported; and**

3) **the systematic approach to the overview of public health governance in Halton to be supported.**

3.0 SUPPORTING INFORMATION

3.1 Upper tier and unitary local authorities have a set of emergency-related and health protection functions. These include a new function to advise on local health protection arrangements.

3.2 The scope of health protection includes the prevention and control of infectious diseases, including health-care associated infections, sexually transmitted diseases, antibiotic resistance, vaccination programmes, antenatal and newborn, young person and adult screening, minimising the health impact from environmental hazards, planning, surveillance and response to incidents, outbreaks and emergencies, including the health impacts of severe weather (cold, heatwaves and flooding).

3.3 Examples of health protection incidents are diverse and regional examples have included:

- TB incident/outbreaks with need for testing and chest X rays;

- Linked cases of infectious disease eg meningococcal disease, legionnaire's disease; cryptosporidium
- Influenza in care homes, sampling and/or prescribing antivirals;
- Mass prophylaxis or vaccination;
- Rapid issuing of chemoprophylaxis
- Chemical Fires;
- Dealing with outbreaks in specific communities such as traveller communities, people in care homes

3.3 **Legislative Framework**

3.3.1 Under section 2A of the NHS 2006 Act (as inserted by section 11 of the Health and Social Care Act 2012) the Secretary of State for Health has a duty to "take such steps as the Secretary of State considers appropriate for the purpose of protecting the public in England from disease or other dangers to health". In practice Public Health England carries out much of this health protection duty on behalf of the Secretary of State.

3.3.2 Under the Local Authorities Regulations 2013 unitary and upper tier local authorities have a new statutory duty to carry out certain aspects of the Secretary of State's duty to take steps to protect the health of the people of England from all hazards, ranging from relatively minor outbreaks and contaminations, to full-scale emergencies, and to as far as possible prevent those threats emerging in the first place. In particular, regulation 8 requires that they promote the preparation of health protection arrangements by "relevant bodies" and "responsible persons", as defined in the regulations. In addition, regulation 7 requires local authorities to provide a public health advice to clinical commissioning groups (CCGs), which include advice on health protection. Local authorities will continue to use existing legislation to respond to health protection incidents and outbreaks.

3.3.3 Directors of Public Health (DsPH) are responsible for the exercise of local authorities' new public health functions. Directors also have a responsibility for "the exercise by the authority of any of its functions that relate to planning for, and responding to, emergencies involving a risk to public health".

3.3.4 Local authorities are Category 1 responders under the Civil Contingencies Act (CCA) in relation to responding to public health emergencies

3.4 **Local Health Protection**

3.4.1 A Director of Public Health and the NHS England Area Team Director of Operations and Delivery co-chair the Local Health Resilience Partnerships (LHRP), which is responsible for ensuring

that the arrangements for local health protection responses are robust and resilient. LHRPs are working with their Local Resilience Forum (LRF) and multiagency partners, to develop collective assurance of local arrangements.

3.4.2 Local authorities are responsible for ensuring that the NHS and other providers with whom they have contracts (including providers of sexual health services, drug and alcohol services and school health services etc) will provide an appropriate response to any incident that threatens the public's health.

3.4.3 For the majority of health protection incidents and outbreaks, where an incident or outbreak team needs to be established, the incident is led by Cheshire & Merseyside Public Health England Centre (CMPHEC). They will provide the specialist health protection and public health microbiology services and will ensure that there is co-ordinated management of incidents and outbreaks. CMPHEC will agree with partners the establishment and leadership of Outbreak Control and Incident Management Teams and when requested by Strategic Co-ordinating Groups (SCG), will establish Scientific and Technical Advice Cells (STAC) The appropriate plans which provide the framework for response are the Multi Agency Outbreak of Infectious Diseases Plan or PHE / NHS Major Incident Plans.

3.4.4 Local authorities will provide some services and facilities to support the management of the incident or outbreak, including the environmental and public health team, where relevant

3.4.5 Where a major incident is not declared, the current arrangement is that CMPHEC duty consultant (working hours) / on-call consultant (out-of-hours) would work with LA DPH / Deputy (working hours) / STAC On-Call DPH (out-of-hours) to agree on the public health response including on what is needed to be communicated to the public and professionals on behalf of CMPHEC and the Local Authority. This arrangement is currently in place for both communicable and non-communicable disease incidents.

3.4.6 Halton Health Protection Forum was created to improve integration and partnership working on health protection between the Local Authority, NHS, Public Health England and other local services and to provide assurance to the Health and Wellbeing Board, on behalf of the population of Halton, that there are safe, effective and locally sensitive arrangements and plans in place to protect the health of the population. The group has a strategic oversight function. Its membership includes Executive Board Portfolio Holder for Health and Healthwatch has been invited. One of its functions includes an assurance role around local screening and Immunisation. A copy of this is detailed in Appendix A

3.4.7 Halton Health Protection Forum can produce quartile reports to

HWB will also report to Health PPB by exception

3.5 **Public Health Governance**

3.5.1 It is essential that Public Health departments within Local Authorities work within a clear quality governance framework as they are responsible for (and required by law within the NHS Constitution) to commission quality services to improve the local population's health. Failures in performance may therefore have wide reaching consequences.

3.5.2 At the heart of governance in this context is the aim to ensure that all public health services whether directly provided or commissioned are safe, reflect user experience and are effective. And to ensure that the quality of the services improves to meet people's needs while learning from quality and safety issues that are dealt with effectively.

3.5.3 Examples of governance functions include

- To monitor the delivery of clinical contracts to ensure that quality standards and clinical governance obligations are met
- To manage the adoption of Patient Group Directives (PGDs), in relation to prescribing activity and oversee their development, authorisation, implementation and review.
- To consider complaints and commendations in relation to public health services and make recommendations for changes in practice through the commissioning process.
- To consider any issues relating to patient experience raised by Healthwatch.
- To monitor the implementation of recommendations and actions arising from national inquiries and national and local reviews undertaken by external agencies (e.g. the CQC) of public health

This list is by no means exhaustive.

4.0 **POLICY IMPLICATIONS**

4.1 Commissioners need to be assured that providers have the appropriate capacity and capability to deliver an effective response health protection response but also to deliver a safe effective service that meets the needs of the users.

4.2 Communication is key in any incident and Cheshire and Merseyside region have agreed that LA will develop arrangements to communicate with all schools including independent schools and academies, and also seek to develop more robust communications with the full range of nurseries. Similarly for social care providers, the LA will need to have robust communications with all providers for this purpose whether they are commissioned or not by the LA.

4.3 All frontline staff vaccination status / immunity for relevant infectious

disease should be known and documented. Commissioners need to ensure that they have assurance that staff who do not know their immunity status or do not have satisfactory evidence of immunity (as above) should not be involved / deployed to work in high risk areas.

4.4 Commissioners to have assurance that commissioned services have adequate infection control plans in place; as appropriate,: including isolation / cohorting facilities, arrangements for urgent lab testing; deployment of appropriately trained staff to support management of incidents / outbreaks; organise prophylaxis; plan to review infection control policy regularly. The foregoing listed actions are examples.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The funding comes from the core local authority budget for the environmental health and public health. This allocation funds the local authority's public health team and contracts with providers to deliver their element of the incident response and infection control.

5.2 The Department of Health will continue to keep guidance around the funding of health protection responses under review, in order to enable effective delivery and best value for public money.

6.0 RISK ANALYSIS

6.1 Decisions to commit resources to deliver a health protection intervention and/or response will be assessed against the need to protect the public health whilst ensuring best value for public money.

6.2 The Cheshire and Merseyside Local Health Resilience Partnership (LHRP), is responsible for ensuring that the arrangements for local health protection responses are robust and resilient. Halton is represented at this group by a public health consultant and emergency planning officer from the LA as well as the CCG.

7.0 EQUALITY & DIVERSITY ISSUES

7.1 None identified

8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None under the meaning of the Act.

Appendix A

1. Update on progress with Screening and Immunisation

- Screening and Immunisation is now delivered by NHS England which is commissioned by PHE to do so.

Immunisation

- During Q3 2013/14, 95% coverage achieved for vaccine uptake at ages 12 months and 24 months and MMR first dose by age 5 years.
- Further improvement required for MMR second dose(this booster ensures immunity against measles, mumps and rubella) and DTaP/IPV at age 5 years (the latter protects against diphtheria, tetanus, polio and whooping cough
- Influenza vaccine uptake:
  - Age 65 years and over – 73.5%
  - Pregnant women – 38%
  - Age under 65 years and in an at risk group – 51.9%

Influenza vaccine uptake by area source: NHS Merseyside area team

	Over 65	**Under 65**	**Pregnant Women**
Halton (Practice range)	**73.5%** 63.1% - **80.4%**	**51.9%** 35.3% - 69.1%	**38.3%** 20.8% - 51.5%
Liverpool (Practice range)	**76.6%%** 59.3% - **85.8%**	**56.6%** 38.7% - **76%**	43.4% 4% - 74.1%
Sefton (Practice range)	**74.3%** 63.8% - **88.1%**	**51.6%** 38.2% - 71.3%	41.8% 22.9% - 69.2%
Southport and Formby (Practice range)	**77.2%** 70.0% - **82.6%**	**55.6%** 48.1% - 71.8%	**44.8%** 21.8% - 71.4%
Knowsley (Practice range)	**77.6%** 68.5%- **98.5%**	**55.8%** 25.0% - 74.2%	**47.2%** 14.3% - **82.2%**
St Helens (Practice (range)	**78.1%** 65.9% - **87.9%**	**56.6%** 42.5% -**77.0%**	**42.1%** 0% - **81%**
Merseyside/ England ranking and vaccine uptake	**1st (joint with Lancashire) 76.5%**	**5th 55.3%**	**7th 42.9%**

- Frontline Health Care Workers – 56% (overall)

- Meningitis C vaccination programme – a number of incorrect schedules administered – working to resolve

- Work in progress to obtain Halton specific data rather than old PCT based. (HSTH)

- Childhood universal influenza vaccine roll out to 2, 3 and 4 year olds via GP teams, then school age children in 2015/16

- **MenC adolescent booster and fresher's catch up**
  The Men C vaccine is now routinely available as a teenage booster to children aged 13-15 years to protect against the C strain of meningitis. From late summer 2014, students under the age of 25 who are starting university will also be offered a catch-up booster of Men C vaccine. (further details on NHS Choices website)

- **Men B vaccine to be launched**
  The Joint Committee on Vaccination and immunisation (JCVI) has recommended that the meningitis B vaccine is introduced into schedule for children starting at two months of age with further doses at four and 12 months of age. As yet, no date for when this might be introduced has been announced, nor are there any current plans for a "catch-up" campaign.

- **HPV vaccination changes**
  It looks likely that DH will soon recommend that the number of HPV vaccines is reduced from the current schedule of three doses to two (one year apart). It is believed this will take effect from next school year (September 2014) following evidence that this schedule is as effective at producing an immune response.

- **Shingles**
  The age groups have changed from 70 and 79 last year, but will be rolled out to 70, 78 and 79 year olds based on date of birth cohorts (further information is available in vaccine update).

- **Newborn targeted vaccinations**
  BCG: Liverpool Women's have improved their bedside neonatal BCG vaccination uptake from 40% to 80% and have been funded by Liverpool CCG (lead commissioner) to improve this to 95% by March 2015. This has resulted in a decrease in the number of vaccinations having to be completed in the community.

- **Hep B:**
  The programme is ongoing and numbers remain small in this area. The lead Screening and Immunisation Coordinator is meeting with the lead midwife from maternity units to discuss the programme. In future all referrals for the Merseyside

area will come via the Screening and immunisation team for follow-up with the GP

Screening

- **Newborn screening**:
  - The area team are working with midwifery teams to address a higher than acceptable unnecessary repeat rate for the heel prick test (The heel prick, or new born blood spot, screens for five serious congenital risk conditions: phenylketonuria; the collagen storage disease MCADD; congenital hypothyroidism; cystic fibrosis; and haemogolinopathies such as sickle cell)

- **Cancer screening**:

  - Cervical screening uptake is now improving in Halton, but not in all age groups. Halton practices have moderate (good) exception reporting, compared with other CCGs. HPV vaccination uptake is good. See technical table below.

Cervical Screening Uptake by age group:

How many women in Halton have had a cervical smear in the past five years? Figures from December 2013, all Halton practices
Source KC53 data, collated in Merseyside Screening and Immunisation Team

Age group	Number of eligible women	Screened in past 5 years	Uptake rate as %
25-29	4421	3024	68.4
30-34	4247	3451	81.3
35-39	3842	3088	80.4
40-44	4472	3592	80.3
45-49	4302	3394	78.9
50-54	4207	3201	76.1
55-59	3523	2528	71.8
60-64	3167	2213	69.9
25-64	32181	24491	76.1
25-49	21284	16549	77.8

- Cancer screening uptake: The Area team is committed to developing 2 year action plan with partners, to raise uptake rates

- **Bowel Scope Screening**

Bowel Scope Screening will be introduced during 2014. This is a single offer to men and women aged 55. Bowel scope examinations identify polyps and pre cancers, with treatment before a cancer becomes established. Bowels Scope screening will be delivered from Aintree Hospital, and in in accredited, units in Warrington and in St Helens. There are already Bowel Screening outposts in Widnes, and other sites, where people with an initial positive result on home kit screening are seen prior to colonoscopy at Aintree. Invitations are going to some Sefton GPs with roll out in the order Sefton, Knowsley, St Helens and Halton. Roll out in Sefton started in March 2014. The screening is in addition to current FOB based screening offered to those 60-74 years old every two years. o

- **Promoting Bowel screening**

The till receipt campaign has been running for almost 4 weeks now and is soon coming to an end. The team will evaluate this and report back to the Programme Board and Health Protection Forum in due course.

- **Other screening matters**

On the 17th July there will be an external QA visit to the Central Mersey Diabetic Eye Screening Programme. The Programme is preparing well. Representation from Public Health and from the CCG would be most valuable.

Performance reporting

The area team have engaged analysts from the CSU and have committed to work with an analyst from Sefton, as well as colleagues from NHS England and PHE Knowledge and Intelligence Team. The outcome of this will be a suite of elegant performance reports that can be used by Programme Boards and Health Protection Forums to performance manage screening and immunisation activity.

Programme Boards Update

Individual Programme Boards have been established, supported administratively by NHS England's Merseyside Area Team. They all have initial terms of reference, membership and stakeholder lists. A common agenda template is in use which includes performance monitoring, agreeing a work programme, responding to any external QA visits, and completing the membership. 2014/15 dates confirmed are:

Programme Board	2014 dates	Notes
Bowel Cancer Screening	14 Jan; 15 April; date to be confirmed in July; 14 October	• Two programmes: Warrington and Wirral; as well as the Merseyside Area Team footprint • Currently hosted by Aintree Bowel Screening Programme; may move to

		Area Team following launch of Liverpool and Wirral Programme • Bowel Scope screening launches in March
Breast Cancer Screening	25 April;	• New programme manager in place; future dates to be arranged • This Programme Board covers only the Liverpool programme • Areas covered are: Liverpool, Sefton, and part of Knowsley • Warrington Breast Screening Programme is commissioned by Cheshire, Warrington & Wirral (CWW) Area Team
Cervical Cancer Screening	04 Feb; 03 June	• Two programmes: St Helens, Knowsley, Halton and Warrington; plus Liverpool, Knowsley and Sefton • HPV primary screening pilot under way in Sefton • External QA visit to Whiston on 14 March
Diabetic Eye Screening	05 March;	• Three programmes: Central Mersey (covering Warrington, Halton, St Helens and Knowsley); Liverpool; and Sefton and West Lancashire • External QA visit to Central Mersey on 17 July
Abdominal Aortic Aneurysm Screening	09 Jan; 03 July; 15 Jan 2015	• Single programme serves all Merseyside, Warrington and a large part of Cheshire
Antenatal and Newborn Screening	21 Jan; 15 July; 13 Jan 2015	• A performance dashboard agreed • The Programme Board covers areas on the footprint of maternity providers • The Warrington programme is managed by CWW Area Team
Newborn Blood Spot	To be confirmed	• This group will serve all of the Alder Hey lab footprint, covering both the Merseyside and CWW Area Team footprints • This will be a joint Programme Board between the Merseyside and CWW Area Teams
Immunisation	24 March;	• This Programme Board covers the Merseyside Area Team footprint • In partnership with Health Protection Team • Will include a remit for strategic oversight of the seasonal influenza campaign